

Duplicate Certificate Request form

Please note, we charge a \$10 fee for replacement certificates,

Audit Information: Every Social Worker who is renewing his/her license should retain records documenting the completion of continuing education. These documents should be retained for a period of 4 years after the renewal of the license. If audited, the licensee must submit a copy of a letter or certificate showing his/her name, accreditation information, hours earned and the date on which the program was held.

Requests for Duplicate or Replacement Certificates of Attendance Policy: Requests for duplicate or replacement Certificates of Attendance will be provided to the participant if the activity records verify successful completion. The duplicate copy will be clearly marked as "replacement copy" or "duplicate copy." You have the right to review your files in the Michigan State University School of Social Work Continuing Education Office. Contact the Continuing Education Coordinator at (517) 353-3060 to arrange an appointment.

I am requesting a Replacement Certificate for the following course(s):

Course Title: _____ Course Date: _____

Course Title: _____ Course Date: _____

Course Title: _____ Course Date: _____

Please send forms to the following address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Contact (517) 353-3060 or e-mail swkce@msu.edu with your questions. At this time, we are unable to produce individual transcripts but can honor a request for a duplicate certificate.

Checks and money orders payable to: **Michigan State University**

Credit card information:

Mastercard Visa Am. Express Discover

Card #: _____ - _____ - _____ - _____

V-code # (the last 3 or 4 digits on the back of your card): _____

Expiration Date: ____/____/____

Cardholder Name: _____

Payment Amount: There is a \$10 charge for each replacement certificate.

= _____

Signature: _____

Please fax this form to 517-353-2599 or mail this form to:
MSU School of Social Work Continuing Education Program
212 Baker Hall
East Lansing, MI 48824

Interoffice use only:

Date Received: _____

Payment: Credit/Check # _____

Issued by: _____

Date Issued: _____

CECH Count: _____